246. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

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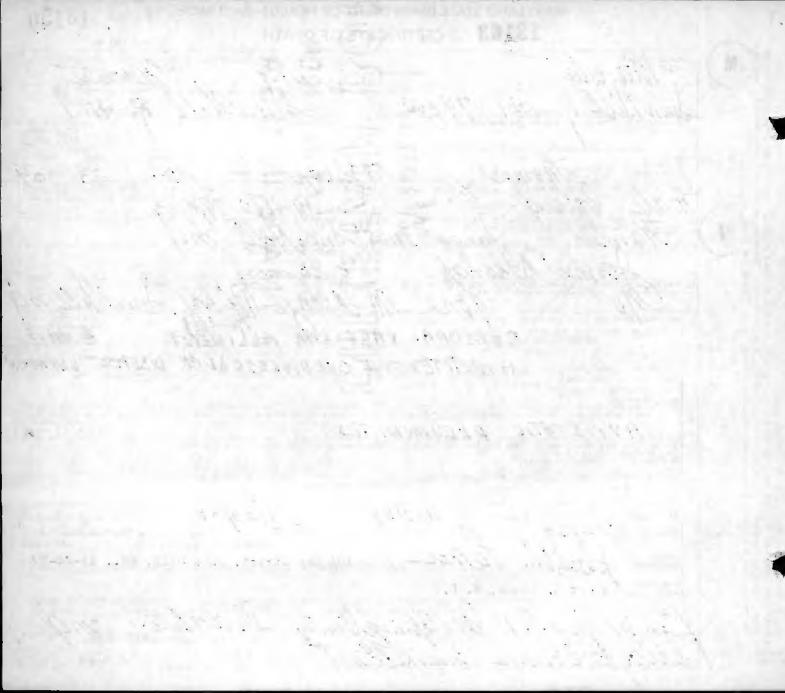
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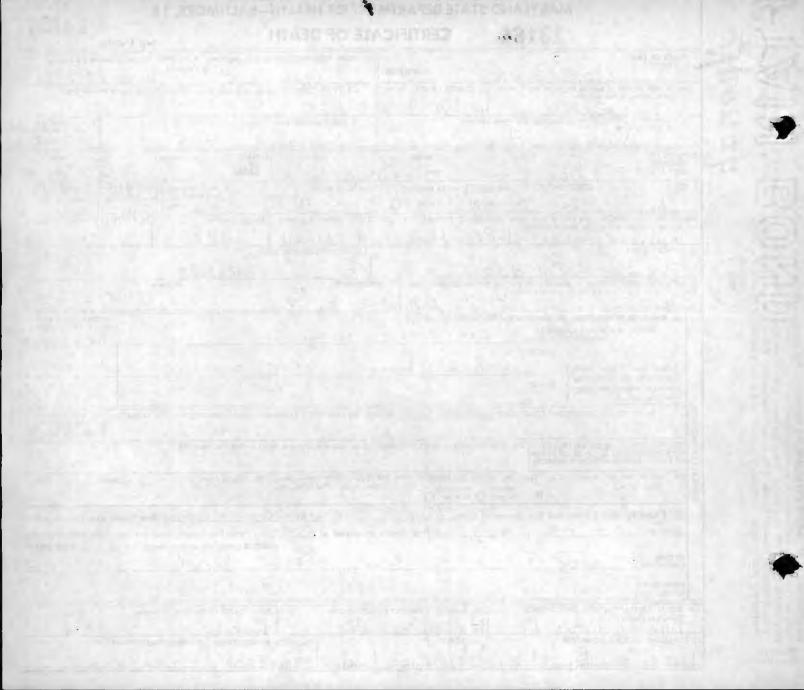
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	13163	CERTIFICA	TE OF DEATH	ALTIMORE, 18	13150
1. PLACE OF DE	within	MARYLAND	2. USUAL RESIDENCE (Where the	b. COUNT	culu
SMUN X	HOSPITAL III no in hospital, give street or	c. LENGTH OF STAX IN 16 79100 ddress	d. STREET ADDRESS	corporate linite, write RURAL on	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print	n Momas	Middle Q	Bushah OF DE	ATH MOV	Day Yeor 23 1955
male	La Malard WIDOWED	DIVORCED [DATE OF BIRTH	79/6/83 Months	
10a. USUAL CC	of working life, even if relired)	now Tume	RY 11. BUTHPLACE (Stole or fore)	mg [12.C]	ITIZEN OF WHAT COUNTRY?
15. WAS DE FA	SED EVER IN U. S. ARMED FORCES? 16, S	OCIAL SECURITY NO. SINE	Emprovery Pormand	Address Address	1/1/500
	OF DEATH [Enter only one couse per line T I, DEATH WAS CAUSED BY:		(Monzo 4)	ungay, cons	INTERVAL BETWEEN ONST AND DEATH
Condition gove rise couse (o), lying cous	DUE TO pus, if ony, which to immediate stating the under-		- CHRDIOURS		12 UNKNOW
1 SE SON ACCIDI	44 POSTATIC P	NEU MONIT			PERFORMED? YES NO
1 1	FINJURY Month, Doy, Year 20d IN.		CE OF INJURY (Home, form, 20f. ory, street, office bldg., etc.)	(City or town)	(County) (State)
	tify that I attended the decease			om the causes and an t SS (Street, city or town, state)	DATE SIGNED
SIGNATURE PHYSICIAN NAME (Type	S Pahant C Tallon	M. D.	. 104 Bay Street	, Snow Hill, Mo	1., 11-24-59
REMIDYAL (Specify 125 DATE THEREOF	PO alminio	CREMATORY 220	CATIONACIA toph, or county	ma (State)
	RECTOR'S PRENATURE)		2 624a, REC'D BY RE	EGISTRAR 246. REGISTRAR'S	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



19109	CERTIFICA	ALE OF PEATIT	Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY OF RESTER	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE ARYLAIV D	b. COUNTY	before admission) 2 CGSTSR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give acarest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside corporation)	orate limits, write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	7	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DELLA	MA & BR	Lost 4. DATE OF DEATH	Month Nov.	Day Year
S. SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED X	8. DATE OF BIRTH JULY 13, 1883		YEAR IF UNDER 24 HRS Gys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	WN HOME	STRY 11. BIRTHPLACE (State or foreign of BERLIX	D 12.CITIZE	S A.
13. FATHER'S NAME TOHN NATHANIEL BRITT	Carl WAM	14. MOTHER'S MAIDEN NAME	. 5	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. (ves. no. or unknown) (IF yes. give wor or dates of service)	SOCIAL SECURITY NO.	R. SOHN BRITTI	NEHAM GE	FRUN M
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. DUE TO (c)	Erterio Bulman	taemanhog slerasis + erg, Empoli	ysemo	nor & days
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SÉ CONDITION GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	rt II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	Not while fo	ACE OF INJURY (Home, form, 20f. (Cit ctory, street, office bldg., etc.)	y ar Iown) (Con	unty) (Stote
21. I certify that I attended the decear alive an Mar 13 - 19 actual signature Physician's		n accurred at 345AM, from ADDRESS (S		
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	1 2	ATION (City, town, or county)	(Stote) RED
23 FUNERAL DIRECTOR'S SIGNATURE	Beelin V	24g, REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIGN	NATURE

moy be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by this funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERAL DI TO HOSPITAL 9 VS A15 (4) 1SM 9/S8

death. Page 4

2371 Plant grant yank A PERSONAL PROPERTY OF THE PROPERTY OF EDUCAL VANAGE OF A MILEST DECREMENTAL WAS Mill Jane V. Committee Plant March THE RESERVE OF THE PARTY OF THE and the second of the second BENEFIT TO THE STATE OF THE STA was one and the same of the same of

	13100	CEKTIFICA	AIE OF DEATH	Reg. Dis	it. No.
a. COUNTY	uter	MARYLAND	o. STATE Mongle	ceased lived. If institution, Revidence b. COUNTY	center
b. CITY OR TOWN (If outside as RURA) and give nearest town	arporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If stiside	corporate limits, write RURAL and g	give nearest town)
d. NAME OF HOSPITAL (IF not)	n hospital, give street addi	Home	d. STREET ADDRESS	ni St.	o, is residence on a farm? Yes \begin{align*} NO \begin{align*}
NAME OF DECEASED (Type or print)	PANK	Middle	COLLIAD OF		5 19 5 7
male of	ROR RACE 7. MARRIED WIDOWED	DIVORCED D	100 5 1871		1 YEAR IF UNDER 24 HR. Days Hours Min.
Kallyone of	ind of work done 10b. KIN ren if retired)	nductive	STRY 11. BIRTHPLACE (State or fore	ign country), 12. CIT	25.A
William	· V. Cat	lins	14. MOTHER'S MAIDEN NAME	Hudson	
S. WAS DECEASED EVER IN U. S. (Yas, no. or unknown) (If yes, give w	ARMED FORCES? 16. SOC	CIAL SECURITY NO. 17.	torne Pl	Address	
18. CAUSE OF DEATH [Enter		or (o), (b), and (c).]	toop muse	erditis	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate cause (a), stating the under-	DISTO	hr. nep	hritis x	nejocarditi	3 mo
PART II. OTHER SIGNIF	FICANT CONDITIONS CON		NOT RELATED TO THE TERMINAL D	isease condition given in Par	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO Z
200. ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING [] 20b. DESCRIB OF DEATH EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in Port I c	or Port II of item 18.)	ito Li no Li
20c. TIME OF INJURY Month, Hour e. m. p. m.	Doy, Year 20d INJUI While of work	Not while fo	ACE OF INJURY (Home, farm, 20f. clory, street, office bldg., etc.)	(City or town) (C	County) (State
21. I certify that I atte	ended the deceased	_	1959, to TO 1.	1015, 1959 that I	
ACTUAL SIGNATURE	os P. X	aw-		(55 (Street, city or town, stole)	DATE SIGN
PHYSICIAN'S NAME (Type)					
GEMOVAL (Specify)	7/39 22	CENSONS	OR CREMATORY 22d.	CATION (City, lover, or county)	md.
23. FUNERAL DIRECTOR'S SIGNATU	hales s	Mumels	240. REC'D BY R		SNATURE KINA

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 TO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 peers after death.

TO HOSPITAL OF

VS A1S (4) 1SM 9/S5

BY LEAD HATCHE DEPARTMENT OF HEALTH SEALING HATCHERS IN 1916S CERTIFICATE OF DEATH AND RESIDENCE OF THE PARTY OF T The state of the s The second secon

VS A1S (4) 1SM 9/SB

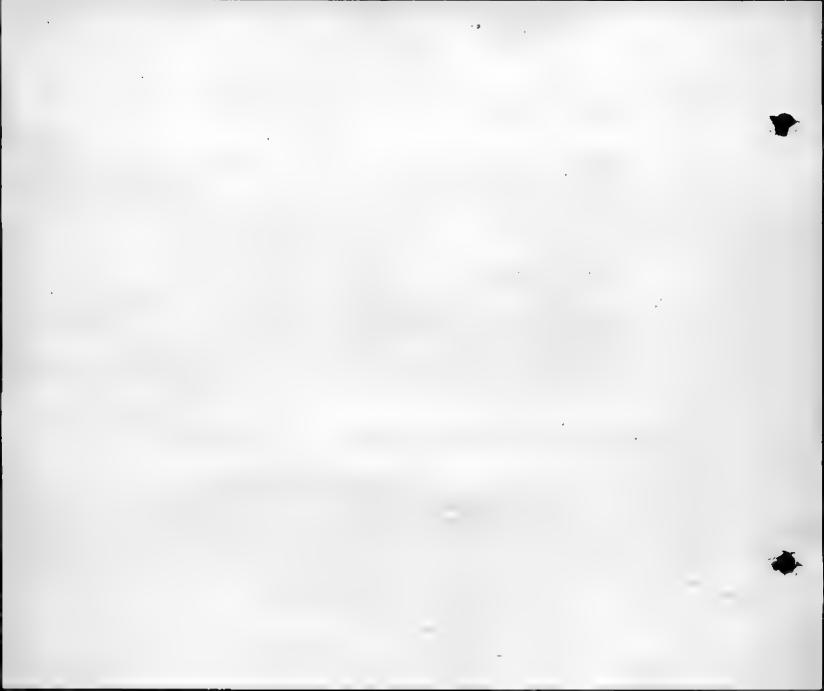
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13167

CERTIFICATE OF DEATH

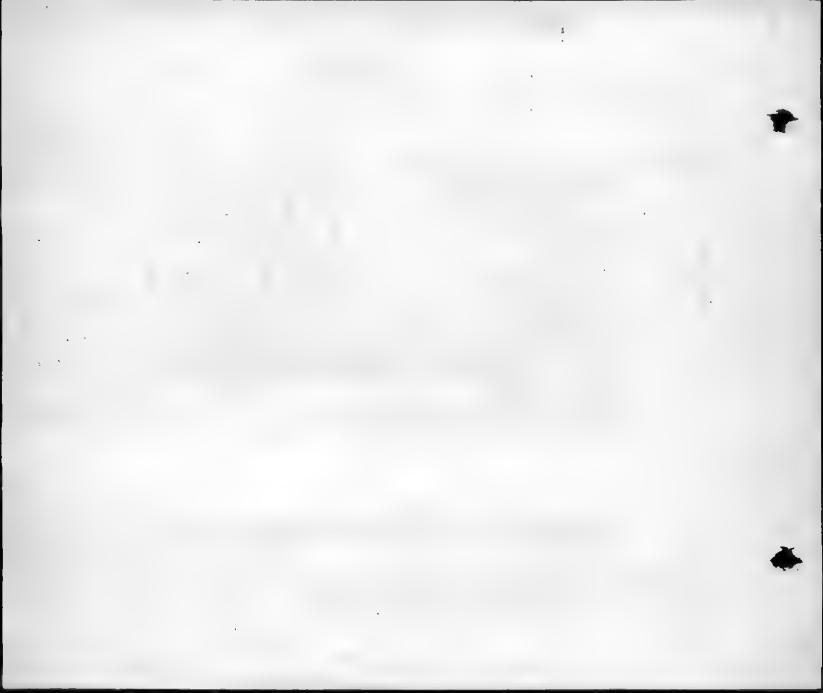
Reg. Dist. No.

13154

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		PLACE OF DEATH O. COUNTY O. AVITE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. AVITE D. COUNTY O. AVITE D. COUNTY O. AVITE O. AVITE D. COUNTY							
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)							
4		d. NAME OF HOSPITAL (It not in haspital, give street address) OR INSTITUTION OR INSTITUTION ON A FARM? YES ON O							
	1	NAME OF DECEASED (Type or print) CARRIE PURNOLL HANLEY DEATH NOV. 12- 1959							
	5. 5	WIDOWED DIVORCED JAN 28 1880 79 yrs. Months Doys Hours Min							
		DUSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stort or foreign country) HOUSEWIEE OVYN HOME BERUIN MD 12. CITIZEN OF WHAT COUNTRY? U.S.A.							
\	13.	FATHER'S NAME IN LLIAM PURNELL ELLEN LEON ARD							
)	15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no. or wishnown) (If yes, give yor produces of service) 216-09-2813 Me RINAL DO HOLLING BLOCK IN ALL DO HOLLING BLOCK BLOCK IN ALL DO HOLLING BLOCK BLOCK BLOCK BLOCK BLOCK BLOCK BLOCK BL								
		IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MIChastotic Curanona " 940							
		/ Y / 2 DIE TO							
		conditions, if ony, which) (b) Epithologid CARCINOTA of TACE 5475							
		gove rise to immediate Couse (a), stating the under-							
		lying cause lost (c)							
	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
0	CAT	Centerioseler Me Cardio vare renal disecus							
	CERTIFICATION	200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a m. Hour a m. 19 While Not while of work at the other and other work at the other points of the other points. State of the other points are not stated as a state of the other points. State of the other points are not stated as a state of the other points. State of the other points are not stated as a state of the other points. State of the other points are not stated as a state of the other points are not stated as a state of the other points. State of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state of the other points are not stated as a state							
		21. I certify that I attended the deceased fram. 1954, ta 27w 12 1954, that I last saw the deceased							
		alive on							
		ADDRESS (Street, city or lown, stote) DATE SIGNED							
1		SIGNATURE // //// /// ////////////////////////							
1		PHYSICIAN'S N. R. THOMAS M.D. CCEANCITY M.							
	220	BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown, or county) (Stole)							
er le	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Date NOV 1 6 '59 C Ling & Kraus							
	_	J Victory J Victory J Victory Date HOA I O 22 Commit S Victory							



1	30	1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
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rage director led wit		/ T	PLACE OF DEATH a. COUNTY NORCESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY COU
erai be fi			b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) STATING TOWN (If outside corporate limits, write RURAL and give nearest town)
by the d	X	1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR A FARM? YES NO
24 ho led in		3	NAME OF DECEASED (Type or print) LOUIS CALVIN HUDSON BEATH NOV. 29 1959
d within pletely fi rs. Poge		5	SEX 7 AGE (In years 1883 AGE (In years 1900) A
e executed and campl ban papers	deoth.		00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWN FARM BELIN (ST. MIRRINS) OWN FARM BELIN (ST. MIRRINS) U.S. A
	is offer	1	HILARY HUDSON CAROLYN BAKISK.
n certificating physics	72 hours		3. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (M. no. or unitegown) (If yes, give wor or dates of service) NO MRS. L. CALVIN HUDSON BERIN ME
ne death ce attending an please r	r within		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUCCULAR CONFIDENCE CAPTURE CA
s that to d bý the nit. Th	iny ever		Conditions, if any, which) (b) Slevere arterest classes 45 years
require an. n stgnex sit perr	and in a		gave rise to immediate cause (a), stating the under-lying cause last. DUE TO
he law physici Ias beei ial-tran	naval, o	, CIT 4.0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT
tending ficate h	, ar ren	7.000	
al or at this cert r use as	emotion	140000	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark at wark at wark 19 to the state of th
Noine e haspit : After ched fa	urial, cr		21. I certify that I attended the deceased from 1900, to 1900, to 1900, that I last saw the deceased alive on 1900 from the causes and an the date stated above.
h h h h be deto	iar ta b		ACTUAL SIGNATURE DE LE SIGNATURE DE LE L'AU MES DATE SIGNED DATE SIGNED DATE SIGNED DE SIGNATURE DE L'AU MES DE L'
retaine RAL DIS	istrar pr	1	PHYSICIAN'S TOBERT A. GRUBB, M.D.
may be O FUNE	the reg	L	220. BURIAL CREMATION, 276. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) REMOVAL (Specify) 12/159 EVERGEEN 22d. LOCATION (City town, or county)
75 Å15 (4) 5M 9/58	v	2	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Declin Md OPEC 4 159 arthur & thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13156 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission) e. COUNTY b. COUNTY files. Health, MARYLAND pulside corporate limits, write RURAL and a ve nearest town) 4 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARMY YES NO NAME OF Middle First DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7- MARRIED NEVER MARRIED | B DATE OF 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours WIDOWED [DIVORCED | 100. USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY during most of working Lie, even if retired) LABORER POULTRY PLANT 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY_NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CERE BRAL CONCUSSION & DUE TO Conditions, if ony, which to HEAD INJURY gave rise to immediate cause DUETO (a), stoting the underlying couse last PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY, WAS AUTOPSY PERFORMED? NO 🖼 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING ANTO COLLISION E SERVICE POLE + BUDY THROWN FROM CAR 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, affice bldg , etc.) at work of work US113 - 4MI, 5.05MOW H Inspection . 21. I certify that I took charge of the remains described above, held an Autopsy ... Accident D. Suicide | Homicide | opinion death resulted from. Notural causes Undetermined manner ACTUAL DATE SIGNED SIGNATORE 226 DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) 40 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME DATE 5M 2/57



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FUNERAL DIRECTOR:

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE

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EPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH 14344 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS,

71MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY		2. USUAL RESIDI	NCE (Where deceased lived, I		ce before admission)				
Worcester	MARYLAND	Columbia	South America						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOW	(If outside corporate limits, wr						
1				23 X	- /				
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	expital, give street address)	d. STREET ADDRE	SS		o, IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First	Middle	Last	4. DATE Mon	th Dey	Year				
IType or print!	DEVIA ROJAS		DEATH FOUND	7 77	1959				
5. SEX 6. COLOR OR RACE 7. MARR.	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeer	IF UNDER TYEAR	IF UNDER 24 HRS.				
		F 06 0F	lest birthday	Months Deys	Hours Min.				
TOWARD MILLO	KIND OF BUSINESS OR INDUSTR	5-26-35	ste or foreign country)	112. CITIZEN C	F WHAT COUNTRY?				
done during most of working life even if retired)	chant Shippin		or or lorargir country;	121 Citizen	THE COURTE				
Seaman Mer	cuant purbbru	DAMAII UM							
		14. MOTHER'S MAID							
Marcelleno Devia			na Rojas	996					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes give were redetes of service)			∪ Addre						
	Pen	n-Md. Stea	mship Corp, 9	02 Keyser	Bldg				
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]		70		TERVAL BETWEEN				
PART I, DEATH WAS CAUSED BY	Drosmina			01	SET AND DEATH				
0.140	MAMEDIATE CAUSE (a) Drowning								
6 191 11 1116	TI OF THE TO								
geve rise to immediate cause	Conditions, if any, which (b)								
(a), stating the underlying DUE TO	I DIE TO								
cause lest. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
[3]					YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CO									
CAUSE OF DEATH.	CALISE OF DEATH								
3 20c. TIME OF INJURY Month, Day, Yeer 2Dd									
1 W 1 30 / 00 / FO 1	FEET VICTORIAN TO THE PARTY OF	ory, street, office bldg.,		T.T. an a					
p.m. 10/27/ 19 59 at work of the remains described shows held an Autonsy less states and leaving the large of the remains described shows held an Autonsy less states and leaving less states are less states and leaving less states and leaving less states are less states and less states are less states are less states and less states are less states are less states and less states are less states are less states and less states are less states									
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion								
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner									
Dark.	CHIEF MEDICAL EXAMINER								
SIGNATURE ON She M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED									
EXAMINER'S NAME (Type) RUSSELL S. Fish	ner M.D.		CAL EXAMINER [13	2/29/59				
228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, tow	rn, or country)	(Stete)				
BURIAL 12-31-59	St. Peters Cer	neteru	Baltimo	200					
22 FUNEDAL DIDECTOR	ADDRESS	1 745	REC'D BY REGISTRAR 24b. RE		URE				
William Cook, Inc., 1217	St. Paul Stree	t	IAN 4 '60 a	other S. Kray					
HITTERIAL OCOMPANY		I DATE.	AN 7 00 C	money 20, 1 Class	Va.				

TO DEPUTY ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delighese execution, certificate, writing the word "pending" in pencil in Item 18. Give Page 1-2, and 3 to the funeral actor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-78age 5 hay be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event writin 72 hours after death. VS. AISME 5M 7/59

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